



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4)  
Summary Sheet**

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
6

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

<b>COMMITTEE INFORMATION</b>	
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name Glynn for Council	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 317 ) 848-2497
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address P.O. Box 3856	
5. City, State, ZIP Code Carmel, IN 46033	6. Party Affiliation (if applicable) Republican

<b>CANDIDATE INFORMATION (For Candidate's Committees Only)</b>	
7. Full Name of Candidate (include any nickname) Fred Glynn	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) Hamilton County Council District 1	10. County of Residence Hamilton

<b>TYPE OF REPORT</b>	<b>CONVENTION CANDIDATES ONLY</b>
11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be 0) <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period: From: 1/1/2014 Through: 4/11/2014	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	6,833.38	
14. Cash on hand and investments January 1, current year.		

<b>CONTRIBUTIONS AND RECEIPTS</b>		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	4,735.00	10,435.00
15b. Unitemized	268.37	1,743.37
15c. Add lines 15a and 15b in both columns <b>SUBTOTAL</b>	5,003.37	12,178.37
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B <b>TOTAL</b>	11,836.75	12,178.37

<b>EXPENDITURES</b>		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	7,207.93	7,476.50
17b. Unitemized	277.32	350.37
17c. Add lines 17a and 17b in both columns <b>SUBTOTAL</b>	7,485.25	7,826.87
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) <b>TOTAL</b>	4,351.50	4,351.50
19. Debts OWED BY the committee (use Schedule D)	0.00	
20. Debts OWED TO the committee (use Schedule E)	0.00	

<b>CERTIFICATION</b>		<b>FOR OFFICE USE ONLY</b>
MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.		RECEIVED 2014 APR 17 PM 12:00 CLERK OF SUPERIOR COURT HAMILTON COUNTY INDIANA
Treasurer	Date 4/16/14	
	Date 4/16/14	
file or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly who fails to file a complete or accurate report as required by the Indiana may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)		



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**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Beth Glynn 3042 Apilita Ct Carmel, IN 46033  Contributor's Occupation (if required) CPA	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$2,110.00	\$3,110.00	04/01/2014
2. Lawrence Beck 6401 E 276th St Atlanta, IN 46031  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$500.00	\$500.00	3/24/2014
3. Deborah Clem 8823 Burwick Dr Indianapolis, IN 46256  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$500.00	\$500.00	1/24/2014
4. Dan Wolfgang 11487 Enclave Blvd Fishers, IN 46038  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$100.00	\$100.00	1/16/2014
5. Lee Crannell 10740 Crooked Stick LN Carmel, IN 46032  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$200.00	\$300.00	2/2/2014
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3,410.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Jorge Herrera 2346 S Lynhurst Dr Indianapolis, IN 46241  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$250.00	\$500.00	2/24/2014
2. Matt Modleski 5770 Whippoorwill Way Carmel, IN 46033  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$125.00	\$125.00	4/7/2014
3. Jack Dearth 11118 Wood Ct Carmel, IN 46033  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$100.00	\$100.00	4/11/2014
4. Maryann Burke 3941 Chadwick Dr Carmel, IN 46033  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$100.00	\$100.00	4/11/2014
5. Mike Colby 120 Northwood Dr Fishers, IN 46038  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$250.00	\$250.00	1/17/2014
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 825.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Rick McKinney 14609 Warner TRL Westfield, IN 46074  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$500.00	\$1,000.00	1/15/2014
2. _____  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
3. _____  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
4. _____  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
5. _____  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 4,735.00		



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**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totalled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

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Page 1 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u> USPS 275 Medical Dr Carmel, IN 46032	Post Office	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: postage	\$980.00	\$980.00	04/01/2014
Code <u>0</u> USPS 275 Medical Dr Carmel, IN 46032	Post Office	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: postage	\$980.00	\$1,960.00	4/10/2014
Code <u>0</u> USPS 275 Medical Dr Carmel, IN 46032	Post Office	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: postage	\$460.00	\$2,420.00	01/21/2014
Code <u>A</u> Maco Press Inc. 560 3rd Ave Sw Carmel, IN 46032	Printing Company	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Envelopes	\$280.38	\$280.38	01/31/2014
Code <u>0</u> USPS 275 Medical Dr Carmel, IN 46032	Post office	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: postage	\$490.00	\$2,910.00	01/31/2014
Code <u>0</u> USPS 275 Medical Dr Carmel, IN 46032	post office	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: postage	\$735.00	\$3,645.00	2/3/2014
Code <u>A</u> Campaign Pros 3105 18th Ave Rock Island, IL 61201	Campaign Store	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Campaign materials	\$1,938.50	\$1,938.50	2/10/2014
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 5,863.88		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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RECIPIENT'S NAME AND MAILING ADDRESS (Street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> Harcourt Outlines PO Box 128 Milroy, IN 46156	Print shop	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: postcards	\$142.35	\$410.92	2/23/2014
Code <u>A</u> Lowes Home Improvement 14598 Lowes Way Carmel, IN 46032	Home improvement store	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Sign post	\$290.61	\$290.61	3/24/2014
Code <u>A</u> Maco Press INC 560 3rd Ave SW Carmel, IN 46032	Print Shop	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Stationary	\$911.09	\$1,191.47	4/7/2014
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1,344.05		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$7,207 <sup>93</sup>		